VOLUNTARY SERVICES CERTIFICATION (PLEASE TYPE OR PRINT CLEARLY)

PROVIDER STREET ADDRESS CITY ZIP CODE SERVICES TO BE PROVIDED DAYS AND/OR HOURS PER MONTH SERVICES ARE TO BE PROVIDED I agree to provide the above listed services voluntarily. I know that I have the right to be compensated but choose not to accept any payment, or reduced payment for the provision of these services					
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* FOR INFANTISION PURPOSES ON VANTUORITY WELFARE A MOTIFICIAL CORP.	SOCIAL SERVICE WORKER SIGNATURE			DATE	
	* FOR IDENTIFICATION PURPOSES ONLY (ALTRICOLTY WEI TIGS	INICTITUTION CO	DDE SECTION 40000 0)		